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COMMUNICATIONS.

OBSERVATIONS ON THE EFFECTS OF
ELECTRIC CURRENTS UPON THE
LIVING TISSUES, AND UPON
NUTRITION.

By MM. LEGROS ET ONIMUS.

Translated by J. SOLIS COHEN, M. D., of Philadelphia.

We trepanned the skull of a robust dog in order to examine the state of the cerebral vessels under the influence of continuous currents. Placing the positive pole upon the exposed portion of brain, and the negative pole upon a wound in the neck (10 Remak elements), a contraction of the vessels was determined, and the brain faded slightly, but in a visible manner. Placing, on the contrary, the positive pole upon the wound in the neck, and the negative pole upon the brain, we observed an injection of the cerebral capillaries, and the brain formed a protrusion through the opening in the cranial vault. (It is necessary to remark that in this case the first current was ascending and the second descending, in reference to the sympathetic centres). It is possible, then, it will augment the circulation in the encephalon, or diminish it, as we can do in every species of organ. But no organ perhaps is as sensitive as the brain to changes in the circulating phenomena, and for this reason we selected the observation just mentioned, and to which we are able to refer some pathological facts.

VI.

In many cases, and almost each time that we have had occasion to place the poles upon the head, the persons electrized have experienced a tendency to slumber, and in general have enjoyed a very long and very calm sleep upon the following night. This tendency is particularly well marked among females subject to nervous affections. A young female

presented the following symptoms: Hiccough, which had persisted for eighteen months; contraction of the muscles of the back part of the throat; contraction of the flexor muscles of the right limb; very pronounced hyperæsthesia of the entire region of the back; violent crises every morning and evening lasting more than an hour. During these crises the patient had a series of spasms of a tetanic-like character; she tossed about and leaped from her bed in a state which cannot be better compared than to that which we observe in animals poisoned by strychnine. In this young girl, having in the course of the treatment, applied the positive pole (eight elements) upon the forehead, and the negative pole upon the nape of the neck, we determined each time a great tendency to sleep, and at one sitting she did actually sleep for several moments.

Another patient whom we had occasion to observe in the service of Mons. Oulmont at the Lariboisiere hospital, presented all the graver hysterical phenomena. She often remained for three or four days in delirium, having continual hallucinations, neither eating nor sleeping. In one of these crises, we passed a current of ten elements through the encephalon, placing the positive pole upon the forehead, and the negative pole upon the neck towards the superior cervical ganglion. The electrization lasted five minutes, and immediately afterwards the patient slept in profound slumber for nearly half an hour, and the following night was better.

If we compare these facts, which we are able to multiply, with the observations of Burrows and of Donders, upon the state of the brain during sleep, we see how well they accord. In fact, the cerebral vessels are contracted during sleep, and the same effect being determined by the continuous current in placing the positive pole in the region of the encephalon, it is natural for us to obtain in

these conditions the same results, that is to say, sleep.

These facts too, show us how we may cause continuous currents to act even upon the encephalic centres without danger, and often with advantage; and we are persuaded that in certain forms of delirium, or of cerebral excitation, they may render great service. We have obtained a very satisfactory result at the end of very few sittings, in the case of a young Russian, aged twenty-eight, who was in a very inquiet state of cerebral excitement, with hallucinations, and who slept his very agitated sleep only with great difficulty.

HIFFELSHEIM cites several cases of cerebral congestion and even of softening (ramollissement) in which the employment of continuous currents has given him good results. BAILLARGER has mentioned to the Medico-Psychological Society some cases of chronic hallucinations of hearing treated by Hiffelsheim with success. One of these patients had been "completely cured of hallucinations which had lasted for more than a year, and which produced in her delirious conceptions of the most pitiful character, and reduced her to a very miserable state indeed."*

We see by these facts, how electric currents, but continuous currents alone, may be able some day, perhaps, to render signal service in cerebral affections. This is a point to which it is important to call the attention of physicians in charge of the insane. Until the present day, electricity has always been regarded as an energetic excitant, dangerous to apply to the region of the nervous centres, and above all to the encephalon. That which is true for interrupted currents is far from being equally true for continuous currents. The facts which we have cited, demonstrate fully that, far from being always an excitant, the current of the pile, as has been maintained by Hiffelsheim, may become a *sedative* or *calmant*.

In a general manner, the power to make them excitants or calmants, according to their direction, is one of the great advantages of interrupted currents, at the same time that it presents a difficulty in their employment. They have, in addition, this other advantage over interrupted currents—the power to be applied directly and without danger to the nervous centres.

VII.

We have said that the induced currents applied directly upon the sensitive nerves pro-

duced an arterial dilatation upon the sensitive nerves by reflex action. This effect is equally obtained by continuous currents, but in less proportion. Exposing the auriculo-temporal nerve, and electrising its central portion with a continuous current, we obtain equally a vascular hyperemia in the ear of the same side. But what shows, at the same time, that this action is reflex, and that the direction of current is of great importance is that the effect is not produced except with a centripetal current. We have never observed in this experiment as strong a congestion as in cases where we electrize the nerve with the interrupted current.

We exposed the submaxillary gland in a large sized dog. After having isolated the chorda tympani nerve, and introduced a canule into the excretory duct we passed an induced current through the entire gland, and as had already been observed by Mons. Cl. Benard, the secretion was not augmented under this influence. Under the same conditions the continuous current on the contrary rendered the secretion more abundant. Carrying the electric current directly upon the chorda tympani, the continuous current still augmented the salivary secretion, but in no case was it as abundant as when the nerve was electrized with the induced current.

The effect produced by the interrupted current is instantaneous, and disappears when the application is discontinued. The effect is slower with the continuous current, but lasts some time after the application. We have seen one case where, after the employment of the continuous current (contraction of the muscles of the neck) there followed an abundant salivation, which continued the entire day, and which became so great as to render it necessary to intermit the treatment for some time.

The preceding physiological experiments give us, likewise, the explanation of the success obtained in the employment of electric currents to stimulate the functions of certain glands to activity, as for example, the mammary glands. (A. Becquerel.)

MUSCULAR SYSTEM.

I.

Electric currents cause muscles to contract, and hence, in consequence, a very great influence upon the nutrition of muscular fibres. The contraction of the muscles is accompanied by an elevation of temperature. Upon man,

* Baillarger, *Archives cliniques des maladies mentales*, 1861.

Liemssen* has seen the temperature of the arm while electrised by an induction current, raise from one to two degrees centigrade. The first minutes, however, there is a slight depression (from $0^{\circ}.1$ to $0^{\circ}.5$), but before the completion of the third minute the temperature rises, and continues to rise more and more. The highest temperature always occurs during the four or five minutes which follow the cessation of electrization.

The variations of temperature are very easily explained by the changes of circulation which take place in the limb electrised. At the moment that the induced current passes, there is a contraction of the arterioles and consequently a diminution of the circulation and a depression of the temperature. When, on the contrary, the electrization ceases, there is dilatation of the vessels and an afflux of blood. In electrizing the superior cervical ganglion with the induced current, we have seen contraction of the arterioles and depression of temperature during the whole time that the current was applied; while immediately after ceasing the electrization, there was a strong elevation of temperature, due probably to a momentary paralysis of the vessels.

As regards the elevation of temperature which takes place during the electrization of a limb, it is produced by muscular contraction principally. We know, in fact, that muscles in contracting, produce heat; and that, even when the circulation is completely arrested in a limb, if this limb is contracted the temperature is greater than that of other portions of the body where the circulation is unimpeded. Upon frogs, where microscopic examination shewed us in an indubitable manner that all the circulation was arrested by the induced current, we still obtained a very marked elevation of temperature due to muscular contraction. We have made these researches with the differential thermometer of Mons. Malferdin; and, like Liemssen, we have at the same time observed that the temperature is elevated the most immediately after the electrization, because at this moment the heat produced by the muscular contraction becomes added to that which the circulation produces.

II.

The study of the action of electric currents upon the muscular system is very vast; but rather than to make it complete, and thus too summary, we believe it more useful to dwell upon some facts as yet but little known, but

of very great interest. Better than all theories, and all other experiments, these facts show us the influence which the electric currents exercise upon the muscles under pathological conditions; and show us at the same time, the difference which exists even in view of their contractility, between induced currents and continuous currents.

In paralysed muscles (paralyses of the muscles of the face, traumatic paralyses) the electro-motor excitability by means of the induced current is, in certain cases, completely destroyed; while this excitability is conserved or even augmented by continuous currents.*

Mons. Duchenne has already observed that in trumatic paralyses, the muscles which contract slowly under the influence of volition, do not contract under the influence of induced currents; and Remak has seen that in certain cases the currents of the pile give more energetic contractions than the induced currents; but the first well-authenticated observation on this subject was made by Baierlacher-Schultz. In several cases of facial paralyses he arrived at the following results:

A very feeble current of eight Daniel elements produced contractions at its opening and closing, of all the muscles on the side of the paralysed facial nerve. The same current applied to the muscles of the sound side did not produce any contraction. To obtain the same muscular contraction upon the sound side it was necessary to employ a current three times as powerful. The treatment changed this state of things, for the exaggerated excitability of the paralysed muscles diminished from sitting to sitting; and in order to obtain the same contractions, it became necessary at each interview to increase the number of elements. This diminution of excitability to the continuous current is a sign of amelioration, and the case proceeds the more rapidly when this diminution of excitability occurs more quickly. At the same time, contractions under the influence of induced currents occur little by little, until finally they are as pro-

* In this paragraph, the employment of the words *constant* and *continuous currents* appears to be paradoxical, for we only study the influence of the interruption of these currents upon the muscles. Remak has proposed the words "*constant labile currents*," but as the interruptions are pretty frequent, it is impossible that the currents shall be constant. It is better to employ the expression *currents of the pile*, which presupposes nothing, whether with reference to constancy or continuity; and the more that the effects of these currents, in the cases which we are here studying, depend upon their different origin and not on differences of constancy. In every case it is important to insist upon this fact, that the induced currents (called interrupted) and the currents of the pile (called continuous) differ from each other even when the latter are themselves interrupted.

*Die Electricitat in der Medicin. 1866. P. 29, et seq.

nounced as upon the sound side; and at this moment the cure is complete.

Liemssen, some years after, had occasion to observe the following cases :

*Facial paralysis.**—Marcus Windisch, aged eighteen years, cabinet maker, was attacked on November 3d, 1863, with a rheumatismal paralysis of the left facial nerve, as the result of cold. Three weeks afterwards, he presented himself at the clinic of Dr. Liemssen, who diagnosed a complete paralysis of all the ramifications of the facial nerve. The uvula was slightly affected.

Sensibility appeared to be exaggerated in the left side, for both continuous and induced currents produced more pain upon the left side than upon the right.

The induced current localized upon all the muscles and upon all the branches of the facial nerve of the paralysed side did not produce the slightest contraction, even where the current was very strong.

The current of the pile, localized on the muscles or applied to the nervous branches, produced very powerful contractions at each interruption; those of closure being more pronounced than those of opening the circuit.

During the first dozen sittings, he found that the contraction of the muscles of the sound side were never as strong as those of the affected side. A current of six or eight elements of the apparatus of Stohrer, did not produce any contraction upon the right side, while it did produce contraction of the paralysed muscles. By augmenting the intensity of the current, he finally obtained feeble contractions of the sound side, but this same current produced very powerful contraction upon the paralysed side.

The application of the current of the pile did not in any way affect the excitability of the paralysed muscles to the induced current, which never succeeded in causing them to contract. Nor was any contraction obtained in employing induced currents of very slow interruption.

As long as the muscles of the paralysed side did not contract under the influence of the induced current, or of the will, the excitability to the currents of the pile was augmented. But little by little, the superior eyelid and the zygomatic muscle appeared slowly to obey the action of the will, and in the same time a slight contraction was produced by electrizing these muscles with the induction currents.

*Liemssen, *Die Electricität in der Medizin*. Berlin, 1866, p. 77, et seq.

At the end of six weeks the deformity of the visage was less pronounced, and at the same time the excitability of the muscles under the influence of the currents of the pile was much diminished.

In about fourteen or sixteen weeks no deviation of the visage could be remarked during the state of repose; it was only in the play of the physiognomy that any differences could be detected between the contractions of the sound and the contractions of the affected side. The current of the pile employed at first no longer produced contractions. In place of six elements, it was necessary to use twenty-four to obtain contractions. Finally the cure became complete at that moment, when neither the currents of the pile nor the induced currents were able to produce contractions. But some months later the inductive currents provoked contractions in all the muscles of that side of the visage which had been previously paralyzed. Pretty strong currents of the pile produced only very feeble contractions; that is to say, effects contrary to those which had taken place at the moment of paralysis.

ICE AS A THERAPEUTIC AGENT, WITH SOME ILLUSTRATING CASES.

By SAMUEL WEED, M. D.

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Read before the Medical Association of Central New York, June, 1869.

The use of ice as a remedial agent is of comparatively recent date. I am not aware of its having been recommended by any of the pharmacopeias of the Eastern Continent, or of that of the United States, to meet any indication in the treatment of disease. So far as my knowledge extends no mention is made of it whatever. At quite an early period, however, the hot bath, the tepid bath, and the cold bath were recommended by high authority, in the treatment of many and various diseases; but ice was not thought of.

DR. CURRIE, of Liverpool, about the beginning of the present century, very highly recommended the use of cold affusion in the treatment of certain febrile affections, regarding it about as a specific in the cases to which he considered it applicable.

At a still later date the steam bath has been regarded as a panacea for all the "ills flesh is heir to," by a class of empirics calling themselves "Thomsonianians." They use the steam bath to meet the same indications for which

CURRIE would use the cold bath or affusion. Perhaps these opposing and apparently contradictory and irreconcilable theories or systems of practice have some truth mixed with much error. It is evidently unsafe for any practitioner of medicine to ride a hobby. He who looks over the whole field of medicine, and studies disease in all its various phases, without prejudice—everything else being equal, is the safer person at the bed side of the sick.

Within our day, however, bladders partially filled with pounded ice, and carefully applied to the head, have been recommended by a few medical men, as worthy of cautious trial in inflammatory affections of the brain and its meninges. Freezing mixtures have also been highly spoken of by a few practitioners in the treatment of certain forms of erysipelas.

At a still more recent period, ice in rubber bags, applied to the spine, has been used in diseases of a nervous or convulsive character with much, to say the least, apparent benefit. Dr. JOHN CHAPMAN, of London, "considers that ice along the spine increases the general circulation, stops the cramps of voluntary and involuntary muscles, proves an effective remedy in epilepsy and other convulsive affections," etc. Some very interesting cases have been reported in British medical journals which would seem to warrant some portions, if not all, of the above statements.

It is well known that ice is a powerful sedative to the parts to which it is directly applied. It can be used to the extent of destroying sensibility, and of very much lowering the vital forces in any given part when used locally. Hence, the care and sound judgment required in its use, for it may be productive of much harm when used injudiciously. I have spent much time at the bedside in the cases in which I have employed ice, watching carefully its effects upon the pulse, and other symptoms of the disease, in my judgment indicating it as a remedy of the first importance.

Dr. CHAPMAN considers ice as a tonic to the circulatory system when used according to his method. Other writers of high standing entertain somewhat different views from his. I do not propose, however, to theorize upon the *modus operandi* of ice or extreme cold as a medicinal agent; for I apprehend it is of much greater importance to the medical profession to deal with facts than theories. I can conceive of cases in which our practice

may be correct, and yet our theory, or the reasons we may give for the treatment pursued, might be radically wrong. When we enter upon the wide field of speculation we may honestly differ; but with well proven facts or results, it is different. Hence the importance of weighing well and recording every fact that may fall under our observation, or come to our knowledge, which, when judiciously applied in the treatment of disease, will alleviate human suffering or cure any of the many ills with which humanity is scourged.

The cases which I propose to report at this time are intended to illustrate only a certain class of diseases to which ice, in my judgment, is peculiarly adapted as a curative agent.

Perhaps it may be said that water at a low temperature—just above the freezing point for instance—would have met all the indications in these cases equally well with ice. But ice evidently has the advantage of being the more manageable of the two. When by its use we have reduced the parts to which it is applied, to a sufficiently low temperature, or have controlled the symptoms which rendered its use necessary, instead of removing it, napkins or toweling may be placed between it and the parts with which it has been in contact to any desirable thickness, thereby preventing the reaction which we wish to avoid, and yet do no harm by continuing the cold. I believe it is generally conceded that if we allow reaction to come on in the cases in which extreme cold is beneficial, by allowing the parts to which it has been applied to be again heated up, it does more harm than good. To be of permanent benefit, it must, to a certain degree, be continuous, and yet so carefully regulated as to do no injury.

Case 1.—Was that of a middle aged married woman, who had been under the care of a neighboring physician, some two or three days before I was called upon to take charge of the case. A consultation had been held, and the prognosis declared to be decidedly unfavorable. The diagnosis was inflammation of the brain. On inquiring into the history of the case, I was informed that she was first seized with the most intense headache, nausea and vomiting. There had been no improvement in the symptoms from the first. In fact she had grown steadily and rapidly worse until the brain seemed to be completely overpowered, and coma was the result. It was in this condition I found her. Her state looked

to me almost hopeless. I was requested to do something, upon the adage that as long as there is life, there is hope.

Ordered ice to be obtained, broken into small pieces and put into a beef bladder, when I superintended its application to the patient's head. I continued the application some seven or eight hours continuously, when she gradually opened her eyes, and looked about the room in the full possession of her faculties. Turning them upon me, she made some very pertinent inquiries as to her condition, and wished to know why I was there, etc. The ice was now removed for a time, and then again reapplied for an hour or more. I then continued its use without much other treatment for a day or so, when it was discontinued; my patient being fully convalescent. Her recovery was complete and without a single unpleasant symptom.

Case 2.—This was that of a boy seven years of age, who came home from school in the afternoon of the month of March, complaining of severe headache, backache, nausea and vomiting, accompanied with chills and fever. Prescribed a cathartic and aconite for the night. Next morning patient no better. Aconite, with cloths wrung out of cold water and applied to the forehead, to be used during the day. Toward evening ascertained that he had lost his vision; was somewhat delirious; surface hot, with a rapid and rather hard pulse; nausea continues; screams occasionally when aroused. Ordered aconite and calomel, with the cloths wet in cold water applied to the forehead, to be continued through the night.

Symptoms not much changed on the following morning; toward evening became very delirious; at times imagines he is quarreling with his playmates; then again sees beautiful visions of angels, and hears charming music; screams when aroused; pulse very frequent, and conjunctiva injected. About sun-down convulsive movements of the left side, at first, slight, but soon continuous and severe, were added to the other unpleasant symptoms. Now ordered ice to be obtained, pounded and placed in an oil cloth bag prepared temporarily for the purpose, and placed upon the pillow and the back portion of the head; from the nape of the neck to the vertex was imbedded into it. It was not long before the controlling influence of the ice over the spasms became manifest. After a few minutes they became less frequent,—and in the course of an hour

had entirely subsided. There was now no more screaming; appeared to be sleeping quietly, and pulse began to improve.

After using the ice in this manner continuously for some 2 or 3 hours, it was removed for a half hour or so, and until I saw that reaction was coming on, when it was reapplied for a short time. My patient now appeared to be so quiet that I considered it safe to leave him for the night, with directions to use the ice bag whenever the symptoms seemed to require it.

Next morning found patient lying on a sofa, dressed, extremely cheerful and happy. He said that he felt well. He was very talkative and his eyes appeared brilliant. He was also quite restless and fidgety. I ordered the ice to be used again at intervals through the day to control the yet feverish brain. But to this he would not consent, insisting that he was well enough without it. Very reluctantly I allowed him, until I called again, to have his way. By evening he was worse, if possible, than on the evening previous. A beef's bladder of large size was now procured and partially filled with pounded ice, and placed under his head on the pillow. I again superintended the use of the ice. It was kept under the occipital portion of the head, covering up well on either side of the head for six consecutive hours, when all evidence of undue cerebral excitement had again passed away and he was sleeping quietly. Instead of removing the ice as on the evening previous, I now placed a folded napkin between it and his head. After a few hours other folded napkins were added, lessening thereby the degree of cold. I was careful not to allow the head—especially the occipital portion—to become warm again for a number of days. In the course of two or three days convalescence, although not rapid as in the former case, was fairly established. During the recovery and after the ice bladder had been removed, he would occasionally call for it himself to relieve headache and quiet restlessness. The recovery was complete.

Case 3.—Was that of a boy of seven years, and of Irish parentage. The messenger requested me to call immediately, as it was supposed he was dying. This was in the evening of October 16th, 1868. I found him laboring under very severe convulsions, which were almost continuous. The intermissions or intervals between them were short and without consciousness; bowels constipated. On in-

quiry learned that he had been unwell for a week or more, but not confined to the bed. A few days previous to my visit had taken worm medicine, and some twenty worms of the lumbricoid species came away.

I treated him for nearly two days for worms. During that time he lost seven, but with no improvement of symptoms. His right side was now constantly convulsed; his left apparently paralyzed; pupils contracted—one more than the other; pulse steady; evacuations from bowels and bladder involuntary, and moans at every convulsive movement.

Ordered ice bladder as a pillow, as in previous case—this was 10 a. m. Called again in six hours, and learned that the convulsive movements had entirely ceased. Pulse distinct and less frequent, lies quiet but still unconscious. Directed ice bladder to be continued through the night, with toweling between it and his head; the thickness or number of folds to be graduated by the symptoms. On the following morning found patient perfectly conscious with an improvement in all symptoms, excepting the evacuations from bowels and bladder, which were still involuntary,—continued same treatment for next twenty-four hours when the ice was used only occasionally for some two days or more. The convalescence was quite rapid, and the recovery complete.

Case 4.—On the 17th of December, 1868, was requested to attend upon a female child, twenty months old. Hair, complexion and eyes light; had not yet got through with the first dentition; had been unwell nearly a week; head symptoms most prominent; the gums over the eye teeth being swollen, were lanced; there was considerable fever; tongue coated and bowels very much deranged. After some two days attendance there was constant moaning, with convulsive movement of the muscles of the left side of the neck; feet turned in and fixed upon the ankle. Had counsel; counsel diagnosed tubercular meningitis; prognosis considered unfavorable.

After trying a variety of treatment the ice bladder was called into use as a last resort. This controlled the convulsive movements like magic. But my little patient was so feeble that it had to be used with great care—not allowing it to remain directly in contact with the head for any great length of time without the intervention of folded napkins. Without going into further particulars, I will state that, although convalescence was slow, yet it was

complete. During the later stage of the treatment the bladder nearly filled with cold or cool water was frequently used, with very happy effect, to quiet restlessness and promote sleep. At this stage iodide of potassium was administered for its supposed beneficial influence over this class of diseases. Patient fully recovered.

FOREIGN BODY IN FOOT REMAINING HARMLESS FOR A YEAR—EX- TRACTION AND RECOVERY.

W. H. H. GITHENS, M. D.

Of Philadelphia.

Andrew Roth, aged fifteen years, was playing, barefoot, in a grave-yard, when (to use his own words) he felt "something give way suddenly in the bottom of his foot," from which a profuse hemorrhage followed, with complete loss of consciousness. An apothecary bound up a wound in the sole of the foot, and used proper restoratives. The wound soon healed, and the boy returned to his duties at school. It was observed, however, that he did not bring his heel to the ground but used only the of ball the foot in walking.

On June 3d, 1869, about one year after this accident, Andrew came under my care. The wound in the foot had opened slightly and a small quantity of pus was being discharged. The probe revealed the presence of a foreign body. As this body was too large to pass through the existing opening, ether was administered, the opening enlarged, and two pieces of glass, fragments of a porter bottle, were removed. These pieces, fitted together, were three-quarters of an inch square, and had passed directly through the plantar fascia. The cavity left, after this removal, was one and a quarter inches in depth. An application of cold water, containing a small quantity of carbolic acid, was ordered.

Ten hours afterwards, I was summoned and found the patient in great pain, with a broad red line of angioleucitis extending up the leg and thigh, the lymphatics of the groin enlarged, and a fetid, purulent matter being discharged from the wound. As he complained of the cold water lotion increasing the pain, flax-seed poultices, containing carbolic acid, were substituted. Morphine, 1-8 gr., was given every hour, until the extreme pain was relieved, and quinia, iron and muriatic acid were prescribed.

Under this treatment I had the pleasure of seeing all bad symptoms subside; the wound filled up from the bottom, and the boy was soon at school again.

HOSPITAL GLEANINGS.

By DR. J. B. BURNETT.

CASE OF HYDROPHOBIA.

Wm. O'Leary; æt. 48; laborer; medium size; temperate, and has always been healthy; admitted to Bellevue Hospital on Jan. 9th. Between two and three months since he was bitten in the palm of the hand by a dog, which did not seem at the time to be rabid, but which was afterwards killed. The wound bled somewhat, but excited no apprehensions in the mind of the patient, who continued perfectly well until Tuesday, the 6th of January, when he began to experience pain in the right arm and shoulder, extending from the wound in the hand along the inner aspect of the arm, up to the body, and then to the side of the head. This sensation he did not seem to regard as of any moment, and when questioned regarding it, he described it as an ordinary pain which he attributed to having gotten his shoulder wet, the day previous. On Tuesday evening he complained of great chilliness and thirst. His manner at this time was somewhat agitated. When asked to drink, he said that he could not, and he imagined that drafts of air were blowing upon him, which made him feel cold. He was then immediately transferred to the Hospital, and was admitted in an extremely agitated condition, talking rapidly and often incoherently. He complained of being very cold, and asked for more clothes. He walked very hurriedly, and with a tottering gait, but did not appear much reduced in strength. He complained of being very thirsty. When he attempted to drink, he would bring the cup to the angle of his mouth, turning his eyes in another direction, when with a seeming effort of the will, he would seize the cup with his teeth, spilling the fluid on his clothes, while the little which he would succeed in forcing into his mouth, would often be expelled by the spasmodic action of the muscles of deglutition. At the same time, the involuntary action would be propagated downwards to the muscles of the stomach, causing it to immediately expel its contents. This action of the muscles seemed to be produced only by cold fluids, for he appeared to drink warm coffee with moderate impunity. Cold draughts of air did not appear to affect him severely. The pupils were found natural. Pulse 90, and natural. Tongue moist and clean. Respiration natural; no cough; no disease of the chest.

Shortly after admission he began to experience involuntary urinary evacuations on attempting to drink cold water. At 10 P. M., treatment was commenced by the hypodermic injection of gutt. x. of Magendie's solution of morphia every hour. At this time the only change in his condition seemed to be a fear of some danger, and he would often look under the bed, like one with delirium tremens, from apprehension of an imaginary foe. From this time his pulse began to gradually increase in frequency.

Jan. 10th, 8 A. M.—Pulse has risen to 140. Pupils much contracted. He often appears to sleep for a moment or two, and then awakes suddenly. The last of the night was spent in comparative quiet. At 9 A. M. the patient was attacked by general tetanic convulsions, causing complete opisthotonos, so that only his head and the soles of his feet supported him. These were repeated two or three times at intervals of five or ten minutes, when he died apparently from exhaustion, all his muscles being relaxed.

Autopsy.—Rigor mortis well marked; cadaver well nourished, and of a natural color; pupils natural; thoracic organs healthy; kidneys somewhat congested, and of a darker red than natural; cut surface somewhat granular; the meninges of the brain were much congested, the pia mater more than the dura mater; section of the hemispheres showed numerous red points, indicating cerebral congestion. The meninges of the cord were more congested than those of the brain, and the dura mater more injected than the pia mater. The vessels of the cord were found full on microscopic examination. Some of the corpuscles held to indicate inflammatory exudation, were found in the portion of the cord just below the medulla oblongata, but otherwise there were no evidences of inflammation; other organs healthy.

GLYCEROLE OF MORPHIA.

By J. B. GARRISON, M. D.,

Of Woodville, Tennessee.

I have used a solution of the salts of morphia in glycerine, as a local application, with such uniform success, in certain diseases, that I feel constrained to give my *experimental* views concerning it to the profession, through the columns of the REPORTER.

The proportion of morphia used to a fluid

ounce of pure glycerine varied from ten grains to one drachm.

1. *Carbuncle*. No remedy or treatment has been so successful in my hands in the treatment of carbuncle, as an application of the glycerole of morphia. If applied constantly over the tumor in its incipency, it will arrest its progress, and effect a cure before it assumes the more distinctive features of carbuncle. At a later period I make incisions through the skin, and sometimes when the pain is intense, into the substance of the tumor, and apply continuously the glycerole until the pain is relieved, which has invariably occurred in my cases in less than an hour. The application is continued as often as may be necessary to prevent any return of pain. When called to a case after ulcerated foramina appear in the skin over the tumor, I make no incisions, but apply the glycerole which reaches the seat of disease through the openings. Relief is soon procured, sometimes in less than five minutes, and rapid improvement dates from first application. Strength of solution used in carbuncle is forty grains of sulphate, or acetate of morphia to one fluid ounce of pure glycerine. In a majority of cases no constitutional treatment is required. The morphia is a local anæsthetic to the nerves involved in the inflammation. The glycerine, besides being an excellent solvent of the salts of morphia, is emollient, antiseptic and stimulant to the passively inflamed tissues.

2. *Abscesses, furunculi and ulcers* are relieved as to their pain and get well quicker from the glycerole of morphia than under any other local application. It is hardly necessary to say that care should be taken not to use too much on a surface denuded of the cuticle.

3. *Scrofulous tumors* which resisted tincture of iodine have yielded promptly to the glycerole of morphia, applied every hour during the day. I have used the tincture of iodine and glycerole of morphia alternately, the tumor remaining stationary while the former was applied, but rapidly decreasing when using the latter.

Max Richter, of Vienna, used glycerine with iodine with success in the treatment of swellings, scrofulous and syphilitic in their nature.

4. *Erysipelas of the ear*, in one case, was cured in twelve hours from first application. Only two applications were made, one at 6,

the other at 9 in the evening. In the morning not a trace of the disease was left. I have tried it in no other case. Dr. W. Abbotts Smith speaks happily of glycerine alone as a local application in erysipelas.

5. *Otitis*. In a case of severe inflammation of the meatus auditorius externus, from a foreign body, the glycerole of morphia relieved the pain and deafness, and effected a permanent cure in a few days.

HOSPITAL REPORTS.

BELLEVUE HOSPITAL, NEW YORK.

Reported for the MEDICAL AND SURGICAL REPORTER.

DISEASES OF WOMEN.

Clinic of Prof. T. GAILLARD THOMAS.

Carcinome of the Uterus.

Mrs. C., æt. 34; married; has one son, 16 years old; never pregnant since. For sixteen years she has complained of having a yellow discharge coming on at intervals. One year ago the patient was in attendance upon one of the clinics in the city, and was discharged cured with a diagnosis of endometritis. Three or four months after, I again noticed a discharge; this time it was quite fetid and bloody.

Prof. THOMAS said: After some trouble I got a vaginal examination. I found the uterus to be of normal size. I could not detect the os by my finger, but instead found an irregular surface. There is also a hardening of the cervix and vagina. This is the first stage of carcinoma uteri.

In respect to the prognosis, it is needless to tell you that it is very unfavorable if merely the epithelium were involved, or in other words, if we had epithelioma we might amputate, but as it is, nothing of this kind would be admissible. All we can do is to keep up the general health as long as possible, and relieve pain or answer any other indications.

There will be prescribed for her, three times a day, tr. columba, with tincture of the sesqui-chloride of iron; ʒij of the first, and twenty drops of the latter. The object in giving columba as a tonic, is that with the iron you have no precipitate. An injection containing 20 grains of carbolie acid to the pint of water, may be freely used to suppress fetor.

When the patient complains of severe pain, suppositories containing one grain of opium and one-half grain extract belladonna may be put into the vagina.

Epithelial Growth in Rectum.

Mrs. P., æt. 71; widow; has ten children; the youngest 26 years old. Complains of having for over a year a discharge from her back passage; sometimes there is blood and matter in it like the white of an egg. Has also suffered from worms in

the back passage. General health pretty fair; now and then has dyspepsia. Prof. THOMAS said: I have made an examination in this case, and find about three inches up the vagina a soft tumor, having a feeling much like a cauliflower. The rough nebulae, on pressure, readily broke off. By pulling down on it I brought it outside through the sphincter ani, and thus allowed another lense-light to bear upon it. It is covered with a thick glowy mucus, and on touching it readily bleeds. This might be diagnosticated bleeding, or internal piles. It is, however, true epithelial growth. It may be that the removal of this may prevent its return, and next Friday I propose to operate on it by the galvano caustic. It was formerly my habit to use the actual cautery, but I consider this galvano apparatus far superior.

Ovarian Tumor.

Ann F., æt. 19; to-day shown; from whom three weeks ago an ovarian tumor was removed. The tumor was also shown, being a large cyst containing a large number of smaller ones in the interior.

The operation consisted in making an incision in the median line, six inches in length, evacuating contents of larger cyst, and then breaking down the smaller ones and treating them in like manner. The wound was sewed up; after removal patient kept on her back and given opiates. The pedicle was long and manageable. Seven days after the operation, the clamp was removed, and the patient continued to do well. On the third Thursday patient was sitting up, and to-day, for the first time, she came out by her own request that she might present herself to you.

Procidencia Uteri.

Mrs. A., æt. 73; widow; has 13 children. Patient says she has been in trouble for a year. Prof. THOMAS showed the case to the class, and explained that it was procidencia uteri in the third degree. The statements of the patient as to it existing only for one year are not to be believed, as it could by no means have attained its present state in that time. The bladder is drawn down with it; the measurement of the uterus is $4\frac{1}{2}$ inches. Prof. THOMAS slowly returned first the bladder then the uterus. He said that next week he should remove a portion of the cervix, as advised and performed by Prof. I. E. Taylor. The reason why atrophy of the organ should take place under those circumstances is unexplainable, but nevertheless a fact.

—No less than five medical officers were advertised for in a Dublin newspaper about a week ago—namely: in the Ballymena Union, salary £80 per annum, exclusive of registration and vaccination fees; Capercieveen Union, salary £80; Coleraine Union, £116; Oldcastle Union, £80; the Stranolar Union, £100.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

November 7th, 1869.

Special Report of the Section of Obstetrics.

BY J. J. QUINN, M. D., CHAIRMAN.

Reported by Dr. Hadlock.

(The "other" paper of Dr. Whittaker's referred to, and defined in the following paragraph, was read two or three weeks subsequent to the one on "Palpation of the Pregnant Abdomen," and is here reported on by the section on obstetrics.—REPORTER.)

The other paper of Dr. Whittaker, is
"On the Rectification of the Fœtal Position by External Manipulation."

This paper answers some of the objections made to the first essay, and offers arguments in favor of correcting malpositions in utero, by external manipulations.

Every obstetrician is aware of the advantages of certain positions of the patient during labor, in cases of obliquities of the uterus. And not a few believe that benefit has often been derived from such external manipulations as would tend to bring the os to the axis of the pelvis, and place the body and fundus of the uterus in the proper direction for the descent of the child. It would not be unreasonable to suppose that similar manœuvres, especially when instituted before the escape of the liquor amnii, and after the commencement of labor, so as to be aided by uterine contractions, would be of advantage in correcting some irregular presentations. Cases of spontaneous version and evolution have been recorded, and have occurred in our own city. Indeed, of so frequent occurrence are such cases, that all doubt on the subject has long since been dispelled. When the uterus is found capable of changing a shoulder into a vertex presentation, there is little room to doubt that it might derive assistance from art, in correcting an irregular position. And this has been demonstrated in the operation of cephalic version by the united, internal, and external manipulations of the accoucheur. In some cases it is impossible to perform turning, owing to the mobility of the gravid uterus, without the application of the hand externally to support the organ. The operations of cephalic, pelvic and podalic versions, are materially facilitated by external manipulations. The fetus has been known to perform evolutions within the womb before the period of gestation had expired. It would not be wonderful if, in such cases, well directed manipulations upon the abdomen could change the position and presentation of the child in utero. But such cases are not very numerous in the individual practice of many physicians. And, besides, the capacity which admits of such free action of the fetus is not always unattended with danger to the child. We have

seen more than one case in which the cord was found knotted, the result of such evolution. In June, 1851, the writer delivered a woman of a dead, putrid fetus. The cord was long, and in it was found a complete single knot, so tightly drawn as to effectually arrest circulation. Seven weeks before this the patient had complained of experiencing a singular sensation, attributed, at the time, to anxiety about the fate of a dangerously sick child. The sensation was described as a sudden, tumultuous motion in the abdomen, followed by faintness which soon disappeared, and by a total absence of any subsequent movements in the womb. Perhaps version might have been performed in this instance, had the indications warranted its attempt; but would that have obviated the danger of knotting the cord? The history of this patient's subsequent labors would indicate that this was not the only pregnancy in which the fetus enjoyed great freedom of action. In March, 1852, we were again called to visit her in confinement. The cord, which was long as in the previous pregnancy, collapsed and despite of every effort to return it, or otherwise prevent compression, its circulation was arrested and the child still born. We were again summoned to attend her in April, 1853. The membranes had ruptured and a fetid fluid was escaping. We expressed the opinion that the child was dead and requested that another physician should be sent for to take charge of the case, as it would be exceedingly unpleasant to deliver the same patient in three successive labors of still born infants. Against this the patient strongly protested and we remained in charge. Puerfation had taken place in the fetus as predicted, and the funis, which was again long, had been twisted upon itself in its placental two-thirds, as perfectly as the twist in an ordinary hemp rope. We attended the same woman in three subsequent accouchments, (May, 1854, April, 1857, and June, 1860,) in all of which the presentations were natural, the parturitions easy and the births safe.

The following case, we think, illustrates the possibility of correcting malpositions by slow and what might be termed passive manœuvres upon the abdomen. In April, 1866, the writer was called to see a young married woman, aged 22 years, in the second labor; found the child in a transverse position, and in due time delivered by podalic version, the child dying from pressure upon the funis. We learned from the patient and her mother that similar difficulty had accompanied the first labor, the attending physician having informed them that it was a case of back presentation. As in the second confinement the child was still born. Subsequently we were again called to visit the same patient, and found her about seven and a half months advanced in pregnancy and complaining of constant pain in the right side. From the external figure of the abdomen, in connection with the history of the two

previous pregnancies, and the fact that the os uteri was found in its proper situation, a transverse position of the child was suspected. A compress, held in position by a bandage, was applied below and externally to what was supposed to be the pelvic portion of the fetus, and the patient instructed to lie invariably upon the opposite side of the body. Relief from the pain followed in a few days after the application of the pad and bandage, and a gradual adjustment of the gravid uterus towards its natural position in the abdomen was noticeable up to the period of her third labor, in March, 1868. A vaginal examination then revealed an irregular vertex presentation, which, after twelve hours of severe labor, during which abdominal manipulations were moderately employed, resolved itself into the fifth position of Baudolocque (the anterior fontanelle behind the right acetabulum). We then delivered the woman safely with forceps. Both mother and child are still living and well.

How often external manipulations alone would rectify unfavorable presentations, we are not prepared to say. But we are not permitted to doubt the testimony of the essayist who narrates a number of successful operations, to which he was an eye witness. We are told, also, that Wigand and Velpeau brought the head into the natural position by mere pressure upon the abdomen; and Cazeaux says that cephalic version has not unfrequently been performed by external manipulations. Our own experience would lead us to believe that the correction of an irregular presentation by external manipulations merely, without the aid of the hand within the vagina, is not always as easy of accomplishment as might be inferred from the reports of the operations of the German professors referred to in the paper. And this experience is based, not upon doubtful or supposed positions, ascertained through the abdominal parietes, but after careful and accurate diagnosis, made subsequent to the dilatation of the os uteri, and before the rupture of the membranes and firm contraction of the uterus upon the fetus. That external manipulations alone, would be always successful in rectifying malpositions of the fetus in utero, even in the hands of the greatest adepts, we are far from being convinced; that they will be occasionally successful we have good reason for believing; that they are worthy of trial in many cases, we would not dispute; but we would have greater confidence in success from external and internal manipulations combined.

There is one other point in connection with this subject to which we might allude, and that is the period when abdominal manipulations should be attempted. Upon this point the paper does not seem to be clearly explicit. It is true that some of its advocates claim that the operation should be resorted to as soon as the malposition is discovered—"the sooner the better, the fruit being ripe." But

when, in their opinion, is the fruit ripe? Is it when quickening has taken place, or at the end of gestation? If before the end of gestation, would there not be some danger of knotting or twisting the cord, or of tightening it when coiled around the neck or shoulders of the child, so as to arrest its circulation? Might not the placenta become partially detached and hemorrhage set in? Is there no danger of inducing premature labor from the manipulations? If not, and it were possible to adjust the position, would it remain adjusted until parturition came on? If the operation is not to be attempted until after gestation has been completed, how are we to know when that function has been accomplished? Few women know the exact date of their conception, and the instances are many in which the period of utero-gestation has exceeded the usual time allotted to it. If labor must have commenced before abdominal manipulations are warranted, why should the patient be subjected to such early and frequent examinations as have been contended for?

If external manipulations are to be generally adopted by the profession for the rectification of unfavorable positions of the fetus in the utero, it is important to understand, as definitely as possible, the period of pregnancy at which it should be undertaken.

The section would conclude by agreeing with the essayist, but abdominal palpation and manipulation in cases of pregnancy, have unquestionably their advantages. Palpation is always of great assistance in determining the existence of pregnancy. It is also frequently valuable in detecting an unfavorable position of the child in utero before the commencement of labor. But the indications it furnishes must not be implicitly relied upon. External manoeuvres, when properly directed, are certainly of great benefit in correcting malpositions in certain cases; but, employed alone, they will frequently fail and will always derive assistance from internal manipulations.

MEDICAL SOCIETY OF HARFORD COUNTY, MD.

The regular quarterly meeting of this Society was held in Belair, on Tuesday, November 10th.

The President being absent, because of sickness, the meeting was called to order by Dr. John Evans, the Vice President.

A paper was read from Dr. W. Stump Forwood, on the subject of the "*Binder*" in parturient women; which, on motion, was ordered to be published with the proceedings.

[This paper will be published soon.—EDS. MED. AND SURG. REP.]

DR. LEE said that his attention had previously been directed to the article of Dr. Corson, extracts from which had been published in the REPORTER. He was not willing to discontinue the use of the

Binder, *volens volens*; and while he was willing to accord to every man his opinion, still he reserved to himself the privilege of judging as to the conduct of cases who placed themselves under his care. The remarks that he made when the subject of the Binder was under discussion in this society, were intended, not to amuse Dr. Corson, but to give his reasons why he considered it useful; if they were erroneous, and the subject of ridicule as the learned Doctor above quoted deemed them, he was sustained in the views by the most eminent men of our profession—Meigs, Hodges and others, who not only taught the practice, but did not deem it derogatory to their dignity to even "apply the bandage" themselves.

DR. HAYS adhered to his remarks, made at a previous meeting. The binder was not useful except in certain cases; he had abandoned its general use. His preceptor, Professor Potter, had discontinued its application for years before his death.

DR. JOHN EVANS could not appreciate the force of the comparison between the human female and the lower animals. If it applied in one instance, why not in all? He could not endorse the abandonment of the binder upon these grounds, with any more propriety than he could advise a lady to resume her usual avocations immediately after delivery.

DR. LEE referred particularly to Meigs' *Obstetria*, pages 231, 336.

The society then adjourned.

W. W. VIRDIN, M. D.,
Secretary.

French Medical Officers.

In an analysis which M. Bertillon, the well-known Medical statistician, has just published of M. Chenu's colossal "*Statistique Medico-Chirurgicale de la Campagne d'Italie*," he points out forcibly how different is the position occupied by the medical officer in the French army to that which he holds in the English and American armies, and does not hesitate to attribute much of the greater mortality that is observed in it to this circumstance. In the French army he is impeded on every side by administrative regulations, and finds all his efforts to overcome these ineffectual. During the Italian campaign it required his high position and immense exertions on the part of Baron Larrey to prevent disastrous overcrowding in the hospitals. Certainly matters have even mended there since the Crimean war, a chapter concerning the fearful mortality of which is supplied by M. Chenu, supplementary to his former account of the Crimean campaign. The important fact is strongly brought out that while during the first winter the English army lost 58 per 1000 of its effective, and the French only 23, during the second winter the English lost only 2 per 1000, the French lost 27, or rather more than the first year, although hostilities had ceased—i. e., fourteen times more than the English.

EDITORIAL DEPARTMENT.

Periscope.

Stricture of the Urethra.

W. F. TEEVAN, at the last meeting of the British Medical Association, drew attention to the importance of detecting stricture of the urethra in its earliest stage. The ideas as to the sign denoting the presence of stricture were vague. Mr. Teevan defined stricture to be "any diminution of the normal calibre of the urethra, the result of the contraction of organized lymph." The presence of a gleet, of six months' duration or more, might commonly be regarded as the outward and visible sign of the existence of a stricture which might, perhaps, in no way interfere with the flow of urine; and the actual presence of such stricture might be demonstrated by the *bougie a boule*. That instrument was invented by Sir C. Bell, and was by him made in metal. Leroy d'Etiolles improved its usefulness by making it of an elastic material, which allowed the instrument to follow the deviations of a tortuous and deformed urethra; its diagnostic value was still further enhanced by Dr. Henry Dick, who had the shoulder of the bougie made sharp and angular. The *bougie a boule* was simply for diagnosis. It would, as it was being drawn, catch the slightest unevenness in the urethra, and told accurately the slightest change in the mucous membrane. That tissue, in its normal condition, transmitted through the bougie the sensation of traveling along a velvety path; and, if there were any constriction, not only would that fact be communicated to the surgeon, but also the degree of pathological change which the urethra had undergone. The *bougie a boule*, therefore, would detect stricture of the urethra in its earliest stage; and the treatment of such stage might correctly be termed the preventive treatment. When a patient went to a surgeon for a gleet, he ought always to be examined with the *bougie a boule*, for it was necessary to ascertain the pathological condition of the canal before an appropriate treatment could be decided on. If there were constriction, however slight, it would be aggravated by injection, but cured by gradual dilatation. Mr. Teevan, after enunciating M. Mercier's views of the pathology of stricture, discussed the seats of stricture, as deduced from facts observed by himself. He grouped together stricture at the bulb or membranous urethra, and called it "subpubic." This was by far the most common kind of stricture, simply because the triangular ligament favored its production: The next stricture in order of frequency was the "penile," situated at the spot varying from two-and-a-half to three-and-a-half inches from the

meatus externus. This stricture was rarely absent, in some degree, when the other was present. The rarest form of stricture was that just within the meatus, the "orificial." Strictures, regarded in their physical conformation, were of two kinds—the "tunnel" stricture and the "ring" stricture. He called them so on account of the sensations communicated to the *bougie a boule* when passing through them. Subpubic strictures were generally of the tunnel kind; orificial strictures were of the ring character; and penile strictures partook of both forms. The measurements given of the length of the urethra varied from seven to eight or nine inches. He had found the average length to be $7\frac{1}{2}$ inches, as deduced by himself, from measuring the urethra of one hundred males. Regarding the treatment of stricture, he stated that, after witnessing the practice of various surgeons, and trying different methods, he had come to the conclusion that there was no treatment equal to that of gradual dilatation by means of the *bougie olivaire* and the piliform bougie, which treatment, he believed, he was the first to introduce into English hospital practice. Forceful dilatation was only applicable to the easier kinds of strictures; it was not devoid of danger; it caused an unknown lesion; it had to be always followed, and often preceded, by gradual dilatation, so that it could only be regarded as an occasional auxiliary in the treatment of stricture. Gradual dilatation was the safest treatment for the patient, for, out of one thousand recorded cases, there had not been one death; all the sufferers could be treated as out-patients, and no man need ever lose an hour's work during the treatment. The *bougie olivaire* glided in so easily that the patient was scarcely aware of its presence. It was necessary to pass an instrument about once in every three or four months, even after an apparent cure. Dilatation ought to be conducted up to the highest size that the urethra would take.

Transfixion of the Heart without Death.

A rare, if not absolutely unique, pathological fact has been communicated to the Institute of Science of Milan, by Dr. BIFFI. He showed the heart of Count Philippe Mancé, a lunatic, who, in an attack of frenzy, killed his father, and who made several attempts at suicide, dying finally in a successful effort. The autopsy shows a needle implanted in the heart, so that four and a-half centimetres of it extended into the left ventricle, and the point perforating the mitral valve passed for one centimetre and a half into the corresponding auricle.

Inquiry resulted in it being discovered that the lunatic had declared that he had introduced the needle into his heart twenty-two minutes before his death; but, having presented no morbid symptom or functional derangement either of his chest or heart, or even of his pulse, this avowal was taken for one of his numerous fantastic stories.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 18, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of old and unsaleable books, but of

NEW AND LIVE BOOKS!
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1. For 1 new subscriber and \$5, a copy of the *PHYSICIAN'S DAILY POCKET RECORD*—or any other publication the retail price of which is \$1.50.

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*** If a new subscriber takes two or more of our publications at commutative rates, the amount must count \$5 only for the premiums.

PORTRAIT OF DR. GROSS.

As a NEW YEAR'S PRESENT, we propose to send our subscribers in the issue of the *MEDICAL AND SURGICAL REPORTER* for January 1st, 1870, a *Splendid, First-Class, Original STEEL-ENGRAVED PORTRAIT* of

SAMUEL D. GROSS, M. D.,

Professor of Surgery in the Jefferson Medical College of this city.

A few ARTISTS' PROOFS of the Portrait will be struck off on boards of a size suitable for framing. Price \$1.00 each.

CORPOREAL PUNISHMENT IN SCHOOLS.

The day when the birch-rod formed an invariable adjunct to the furniture of the school-room, has nearly passed. We believe that a shorter road to the intelligence has been found than that through the gluteal muscles. This is well, for a love of study can never be successfully cultivated by associating it with pain and suffering. Still more objectionable than switching is the handier method, not yet obsolete, of boxing, slapping, and rapping the heads of children.

The organs of special sense, and the delicate tissue of the brain are located in the head, and not a few instances are on record where grave maladies have resulted from school punishments. Very recently in Chicago, a teacher caused the death of a little girl by severe punishment. The case was commented on freely by the Chicago journals, and no defense was made by the friends of the teacher farther than the statement that she did not know that the child was hurt so severely. Now we have an account of another injury to a boy, who was struck upon the head with a whip by one of the discipline enforcers of the Reform school near the same city. The facts in the case are briefly stated thus: The boy was heard to make a noise. The discipline enforcer inquired which boy made the noise. Receiving no reply he passed on. The boy laughed. The other struck him on the head with the whip. The boy fell, crying, upon the floor. He was carried to the dormitory, and continued to cry. After a time he became insensible, and shortly after died. Commenting on the case, a Chicago paper says satirically:

"Of course the blow on the boy's head was not the cause of his death. That has been solemnly decided by the board of education, in a case almost analogous. Oh, no! The cause of death was 'congestion' or 'suffusion' of blood, or a discontinuance of respiration, to which the boy had a constitutional predisposition, the result of that imperfect organization which is supposed to be common to the human species. Oh, no; the whipping post in the public schools had no relation to this case of child killing; none whatever."

Briefly, nature never made the human head for a switch block. Striking children on the head and boxing their ears is a capital method of inducing deafness and diseases of the ears and eyes. The old system of back scarring and palm blistering would seem to be infinitely preferable to the Chicago plan. Altogether, we are inclined to view corporeal punishment in schools as a relic of barbarism unjustifiable in ordinary circumstances.

CASE OF DR PAUL SCHÖPPE.

This case is exciting so much attention that we must give a brief history of it. We condense it from the *Washington Chronicle*:

Dr. Schœppe is a young man, about 25 years of age, a German by birth, and a graduate of the University of Heidelberg. For some years back he has been practicing his profession with success and reputation at Carlisle, Pa., where his father resided and had charge of the Lutheran congregation.

During the summer of 1868 Miss Steinnecke, a maiden lady, resident of Baltimore, and full habit, about sixty-five years of age, visited Carlisle, where she had relatives. While there, owing to some indisposition, she consulted Dr. Schœppe. The acquaintance thus begun proved agreeable, and was followed by a proffer of marriage, which was accepted.

Nothing disturbed the harmony of their friendship or intercourse until Miss S. was taken sick on the 27th of January, and dying on the 28th, 1869. She was attended by two physicians, Schœppe and Hermon, the latter having been called in by the former as soon as he found the case assuming a serious aspect.

The only medicine given, that is in evidence, was an emetic, composed of two grains of tartar emetic and ten of ipecac, administered by Dr. Schœppe, at the commencement of her illness, to relieve an oppression of the stomach from a supper of beefsteak eaten the day before. The medicine acted properly, but the patient became prostrated, perhaps paralyzed, followed by profound stupor, ending in death about thirty-four hours after the commencement of the attack.

Her remains were taken in charge by her relatives, and removed to Baltimore for interment, accompanied by the Doctor as a mourner. On the 1st of February, the Doctor, through his counsel, filed in the Probate Court of Baltimore a document, purporting to be the last will and testament of Miss Maria Steinnecke, dated December 3, 1868, whereby all her property was left to Dr. Schœppe, her lover and physician. The subscribing witnesses to the will are Dr. Schœppe and F. Schœppe, his father.

When this was revealed, the relatives had him arrested on the charge of poison.

The trial developed most conclusively to all dispassionate readers of the report given of it that the prosecution failed utterly to prove the *corpus delicti*, and that the contrary clearly appeared that the death ensued from natural causes; and further, it was particularly made evident that the facts relied upon by the prosecution and the means employed by the chemist to prove the presence of prussic acid in the stomach, were utterly unreliable, and made the very poison he was in search of, the tests he used not being the most approved or exact. So complete was the error of the chemist made to appear by the evidence of other experts and competent chemists, that the judge, in charging the jury, felt called upon to direct them to reject the prussic acid theory and inquire into narcotics, which the testimony of Dr. Alken, as we have just stated, was that he had looked or tested for all the ordinary mineral and vegetable poisons, including morphia and strychnine, but none were present. But that monster, suspicion, had firm hold upon public opinion, which had already adjudged the doctor guilty and were determined to punish him. The indictment against the doctor charged him with wilfully taking the life of Miss Steinnecke, by the administration of poison;

and, although not one iota of evidence from beginning to end went to sustain this allegation, yet the jury found him guilty of murder as indicted.

Meetings have been held in most of the Eastern cities, and strong ground taken to show that his execution, appointed for the 22nd inst., cannot take place except as a judicial murder. We hope the Governor will relieve him, as there is every reason to believe him innocent.

PHILADELPHIA UNIVERSITY OF MEDICINE AND SURGERY.

In our issue of December 4th, a note from J. T. DAVIS, M. D., of Laconia, Indiana, was published, wherein the above named institution was charged with selling diplomas.

We have been requested by the Faculty to contradict the statement of Dr. DAVIS, and to call upon him for the evidence he says he is possessed of to support his statement.

We published the letter as it came to us without any personal knowledge of the fact.

Notes and Comments.

Premiums.

It will be observed that we have offered liberal premiums in the shape of books and Surgical instruments for new subscribers. Two or three of our old subscribers object to this as unfair to them. We can only say to these that we are compelled, in this matter, to yield to custom. Their own names were possibly procured by means of agents. Every publication has to employ some agency to obtain subscribers—and if our readers will take pains to observe, they will notice that many of the most important and successful literary enterprises in the country offer premiums with an apparent extravagant liberality for new subscribers. It appearing to be necessary, in self defence, to adopt the custom, we shall be as liberal as any of our cotemporaries, and, if we mistake not, study more the interests of our subscribers in the character of the premiums we give.

As to our old subscribers, we shall do justly by them in making use of increased means to improve the value of our publications. Besides, we have in contemplation a very valuable present to our old subscribers, who have stood by us through years of trial and discouragement—a present that will take months to prepare, and which, when completed, will be a valuable contribution to the medical history of the country.

It must not be forgotten that hereafter we charge *Ten Cents* for stamping the name on the *POCKET RECORD*.

The Cattle Plague.

CIRCULAR LETTER OF SECRETARY BOUTWELL.

WASHINGTON, D. C., Dec. 6.—The following circular letter was to-day sent to Collectors of Customs at all the principal ports of the United States:

SIR: The Department is advised that a contagious disease affecting the hoof and mouth of neat cattle and other animals is now prevalent in Europe, and as it is of the utmost importance that the introduction of this disease into the United States shall be prevented, you are hereby instructed not to allow the landing of any animals brought into your port from England or from the continent of Europe, except upon the production of a consular certificate that they are free from any contagious disease, and that no such disease prevails in that country from whence exported. All regulations heretofore issued which are inconsistent with these instructions are hereby rescinded.

I may also add that under date of the 29th of October last, the Secretary of State was requested by this Department to instruct Consular officers not to give certificates to persons shipping cattle to the United States, except in cases where the animals have been examined by a Government inspector or other expert, and pronounced free from disease; and further, that no animals coming from the vicinity of the disease are to be certified by the Consul. I am, very respectfully,

GEORGE S. BOUTWELL.

Error in Paging.

Our readers will observe that commencing with number 660, (Oct. 23,) there is an error in paging, one hundred pages being dropped. The first page of that number should have been 329. This error continues to number 667, Dec. 11th.

Correspondence.

DOMESTIC.

Marriage in Consanguinity.

EDS. MED. AND SURG. REPORTER:

SIRS: I propose to occupy a small space in your journal on the subject of intermarriage of relatives. I admit that it is the general opinion that consanguine reproduction and marriages are contrary to both the laws of God and nature. In support of the former, the 18th chapter of Leviticus is frequently adduced, although it cannot reasonably be construed to refer to any such thing: "none of you shall approach to any that is near of kin to him, to uncover their nakedness." Specifying, among others, *father*, *father's wife* (not mother), *uncle's wife*, *brother's wife*, and *son's wife*: none of which refers to consanguine reproduction or marriages. Now contrary to their assumption, it is generally conceded that an all-wise being created man and woman, a single pair only, who were the propagation of all the rest of humanity; consequently God being the author of all things, he must have had positive knowledge that reproduction could not be continued, only

through consanguine intercourse, as he had provided no other means; this would seem to be sufficient to demonstrate the propriety of consanguine reproduction. Yet, we have further demonstrations, for antiquity has taught us that the products of such intercourse were of superior physical power, extreme longevity, and original intelligence. Now, in regard to nature's laws, it should suffice to know that they cannot possibly antagonize the productive arrangement of God, their author; however, to further demonstrate that this omnific plan of reproduction coincides with the laws of nature, I will refer to the communication of M. Sanson, which was laid before the French Academy of Science, on the results of such intercourse of animals, in which he reported a number of cases of horses, horned cattle, &c., where the progeny from such intercourse proved favorable to physical development; among which was the famous horse, *Flying Childers*, he being the brother of his maternal great grandsire. He also stated that the best *bulls*, and the best and richest milch cows were the results of such intercourse. As I was brought up among farmers on a farm, I will here state that the same principle was practically admitted by a large majority of farmers; for neighbors would patronize with their cows a farmer who kept a superior bull in his own family of cows for years, until another was raised from the same sire to supply the same neighborhood. I knew a fine stallion which was kept as a sire in the same neighborhood, for about twenty years; bucks were kept in the same family of sheep; and cocks in the same family of hens, generally until another was produced from the same sire to fill his place.

I now know a splendid family of hens, produced in this same manner, which cannot easily be excelled in looks or productiveness. In none of these cases did they claim degeneration; but seemed to think they were perfecting improvement; and why not? For how can a full-blood be so nearly perfected as by the nearest in kin?

Before closing, it may be well to offer more testimony in regard to the human family. Dr. PARTEYSON, the Superintendent of the Ohio Idiotic Asylum, stated that he had been particular in his inquiries, as to the progenitors of idiots in that institution, which proved that but two per cent. were from consanguine progenitors. Here I will again offer my own experience, which coincides with the preceding statements and conclusions. I can call to mind about thirty pairs, who married cousins; and do not know of one unfruitful pair among them; not one child the least idiotic, but all fully up to the medium standard of intelligence, and some admitted to be above the standard of health, also fully medium. I know of but one death from tubercular diseases; that occurred at about the same age that the mother died with the same disease. Cases have been reported where a man

was father to his daughter's child, and a brother, who was father to his sister's child, without the least mental or physical disability. All these facts are stubborn things to come in contact with presumptive evidence.

New York City.

D. L. D. SHELDON.

Notes on the Adirondack Mineral Spring.
EDS. MED. AND SURG. REPORTER:

Every year brings into public notice a mineral spring, which is proclaimed by its sanguine proprietors as being endowed with extraordinary properties in curing many obstinate diseases, if it is not actually put forth as a panacea for all. While we may smile at these extravagant claims, we should at the same time cheerfully receive every agent of this kind which, properly tested, must serve to enrich our *Materia Medica*. Among the latest on the list is the Adirondack Mineral Spring, the water of which although only used medicinally in the last year, has already attracted considerable notice for its undoubtedly curative powers. The spring is in the town of Whitehall, at the head of Lake Champlain, in the State of New York, and obtains its name on account of its issuing from the base of one of the Adirondack mountains.

As in the case of some other mineral waters, the Adirondack gives no intimation, in its sensible properties, of its therapeutical activity. It has no very marked taste, and it is without smell. Temperature 52° F. Some time after it has been drawn, we see a precipitate of a reddish color, which may be due to the iron in the water, but which is, on shaking the bottle, dissolved. A careful analysis of one imperial gallon of the water of the Adirondack Mineral Spring, by Professor P. Collier, of the Vermont University, at Burlington, gives 47,275 cubic inches of free carbonic acid, and the following solid contents:

	grains.
Sulphate of Lime.....	11.1340
Carbonate of Lime.....	18.5430
Carbonate of Magnesia.....	16.6180
Carbonate of Iron.....	5.0400
Carbonate of Manganese.....	traces.
Carbonate of Soda.....	5.1380
Carbonate of Potassa.....	5.3170
Carbonate of Lithia.....	.0230
Chloride of Sodium.....	14.3400
Alumina.....	traces.
Silica.....	.7420
	76.8920

The Adirondack water must be regarded as an active chalybeate, and holding in solution the alkalies and alkaline earths. Of the former there is not only soda, but also potassa, which latter seldom met with in mineral waters, and lithia, of still rarer occurrence. Could we draw inferences from analysis, in the present instance, for our guidance therapeutically, we might expect to find this water of remedial value in chronic diseases of the stomach and bowels, and of the kidneys and skin, the two last mentioned of which are so largely caused and kept up by the first. Experience goes far already to realize favor-

able expectations of this nature, as I am led to believe, both from personal observation and the cases kindly communicated to me by professional friends.

The Adirondack water acts powerfully on the kidneys, and, as a diuretic, it will meet a number of indications in the treatment of disease in various forms. Dr. D. H. AGNEW has used it in five cases with most satisfactory results. The first he describes was that of a man suffering from symptoms of stone with aluminous and bloody urine, which was also very scanty. All the ordinary diuretics had been employed without avail, the urine becameropy and exceedingly offensive. Dr. A. then directed the use of the Adirondack water. "In 36 hours the urine became copious and soon free from mucus, and washed out two calculi, the size of a coffee grain each." In the second case, which Dr. A. believed to consist in a retention of the calculus in the pelvis of the kidney, he ordered the water, which produced such a profuse flow of urine that the patient was obliged to stop its use owing to his being so much disturbed by it at night. The third case was of a married lady who had albuminous urine, but no renal casts; she passed very little urine. The water acted powerfully, affording prompt relief. This patient recovered perfectly, although she had been confined to her room for several weeks under the usual treatment. The fourth case was that of a female suffering from rheumatism. The use of the water excited very free secretion of the kidneys, so much as to require its continuance in small doses. The fifth case was one of nephritic colic, with scanty and bloody urine. The action of the water in this case was equally prompt as in other instances, and caused the discharge of a large sized concretion. Dr. Agnew, in conclusion, thinks there can be no doubt of the powerfully diuretic properties of the water. The dose prescribed by him was a small tumbler full three times a day.

Dr. E. WALLACE tells, with great satisfaction, of the curative power of the Adirondack water in a case of sub-acute rheumatism. The patient had been reduced to a state of extreme debility, which called for an actively tonic treatment—apart from his rheumatism, which was very severe, particularly in one knee. Dr. W. had recourse to the mineral water, the first sensible effect of which was greatly increased diuresis and restoration of the renal secretion, which had been previously quite scanty. He gave the water at the same time with other remedies, and he found that when it was discontinued the secretion of urine became at once imperfect, but was soon restored and increased with the renewal of the use of the water. He regards it as superior to any of our known diuretics. By a persistent use of the water his patient was cured of the rheumatism.

In a case of pleural effusion with partially solidified lungs, in which it was desired to excite the

kidneys to increased action, Dr. Da Costa and I had recourse to the Adirondack water, after the unsuccessful use of different diuretics. The result was a large increase in the discharge of urine, which had been previously much diminished, and a restoration to the ordinary quantity in health. The water acted beneficially, also, on the stomach by improving the appetite. Of the actively diuretic operation of the water I have, at this time, an example in the case of a man grievously afflicted with rheumatism of long duration, and most affecting the hands, knees and feet. The fingers from being contracted on the palms are now capable of easy extension since his drinking the water.

The physicians at Whitehall seem to concur in a favorable opinion of the remedial virtues of the Adirondack water. Dr. Shumway has come to the following conclusions respecting it: "Its general effects are stimulant, tonic and diuretic; in excessive doses producing headache, giddiness, oppression of the stomach, and an irritation of the urinary organs. In proper medicated doses it promotes digestion, increases the flow of urine, gives tone to the capillary vessels of the skin, and is a healthy stimulant to the secretory and excretory organs generally." Dr. S. speaks highly of the use of the water in all chronic cutaneous eruptions, and in chronic rheumatism. In this last mentioned disease its efficacy has been very decided. The same may be said with even greater force when given in diseases of the kidneys.

Drs. LONG and BENNETT cite, each a case, of diabetes mellitus, cured by the use of the water; the first in ten weeks. In four months this patient gained fifteen pounds in weight. Dr. LONG has prescribed it in a case of Bright's disease, "with the happiest results." We read, also, of instances of the speedy and permanent relief offered by drinking the water in gravel, and in difficult painful urination, and at times complete obstruction, so that a catheter had to be introduced. However much one may mistrust the marvellous accounts of cures given by over zealous patients, the following, coming from an inhabitant of Whitehall, and liable to be contradicted by persons on the spot if it were inaccurate, is introduced here as a curiosity, both in pathology and therapeutics. The patient was a Mr. Warren, who describes himself as having "been afflicted with a severe and painful disease of the kidneys for fifteen years, an inveterate eruption of my whole face and scalp for ten years, and baldness for three years." Mr. Warren adds, "that by the use of the Adirondack spring water for nearly two months, both internally and externally, the disease of the kidneys is cured, and the eruption on the face and scalp has nearly disappeared. More wonderful and unexpected still, a fresh crop of hair now covers the entire, previously bald surface."

In diseases of the alimentary canal—dyspepsia,

chronic diarrhoea and dysentery, the water has been taken with satisfactory results. For the conjunction of rheumatism with dyspepsia—quite a common occurrence—this remedy has been successfully prescribed. Although its sensible action on the bowels is commonly of no very decided nature, it sometimes is an aperient, and generally may be considered to act secondary on the liver, as it does in a striking manner on the kidneys and urinary organs generally. We are free, therefore, to anticipate its therapeutical value in hepatic congestion and obstructed biliary secretion and jaundice. Cases are furnished of its beneficial effects in costiveness.

The large proportion of iron found in the Adirondack water would point, at once, to its use as a tonic, in a large number of diseases in which anemia and general debility prevail. These would include various disorders of the uterine system—amenorrhoea and leucorrhoea, and also chlorosis. Nervous disorders,—hysteria, hypochondriasis and chorea, we may believe, would be cured by the water. Already we learn from Dr. BENNETT, that he has cured a case of importance by it alone.

The dose of the water in the greater number of cases, is a half pint tumbler three times a day. In others, half this quantity will suffice. In general it ought to be taken, at least in the beginning, under medical directions.

JOHN BELL, M. D.

Philadelphia.

The Hypodermic Syringe.

EDS. MED. AND SURG. REPORTER;

I notice in your issue of November 20th, a communication from Dr. H. C. Smith, of Millville, R. I., in which he states that lately, for the first time in his practice, he made use of the hypodermic syringe in a case of compound fracture, where chloroform could not be administered during dressing, and that he was surprised at the prompt manner in which it relieved the patient of pain, etc.

Now, what I desire to call your attention to is not that the effect of one-half grain of morphia, injected hypodermically, is so surprising, for that fact is easily explained to the satisfaction of any one anxious to study the subject, but what surprises me is, that, in the language of your good-intentioned correspondent, there should be professional brethren who know of the hypodermic application of remedies only by hearsay, and who have either not the courage or are too indifferent to try it, although this subject has now been before the profession some fifteen years, and much has been written upon it.

Now, as to the case reported, it presents only a fact witnessed innumerable times before. Was the result in the case reported different than where a narcotic is injected for neuralgia, gout, rheumatism, colic, before surgical operations? The nervous system was acted upon through the circulation instead

of through the stomach, lymphatics, etc. That it needed only one-fourth of a grain each time and affected him so promptly was due to his individuality. In some it requires more, in some less. But four times the amount injected would hardly have produced the same effect by mouth. Sometimes one-twentieth part will do it. Cases similar to the one reported are of constant occurrence. Let me state one.

Some years ago an English sea-captain tried to commit suicide during a fit of delirium tremens, at the Tremont House, Boston. When I was called to see him he had cut his arms and throat with a razor, but had not severed any arteries sufficient to prove fatal. The spectacle was a ghastly one. Four or five strong porters tried to hold him; he fought them all. His body as well as the walls of the room were besmeared with blood. The wounds had to be dressed; some vessels to be tied in order to save him. Could any anæsthetic be administered at that time? clearly not. At this critical moment I thrust my syringe, a constant pocket companion with me, charged with sixty drops of Squib's liquor opii comp., into his back, and repeated the operation four times, which was as often as I could approach him. In about fifteen minutes after the last injection this raving man succumbed, grew indifferent to pain, laid down as peaceably as a lamb and had his wounds dressed, with his eyes wide open, directed upon me and my assistant, yet entirely free from pain. When the dressing was done he went to sleep and woke up a wiser if not a better man.

I see in this morning's *Sun* the case of Mr. Richardson, of the *Tribune*, who was shot, was similarly treated by hypodermic injection, and with equal success. (Vide *Tribune* of March 15th, 1867, as quoted in the *Sun*.)

Cordially yours,

A. RUPPNER, M. D.

Fifth Avenue Hotel,
New York, Nov. 25, 1869.

Iodoform in Nervous Diseases.

EDS. MED. AND SURG. REPORTER:

I was called, in March, 1866, to see Mrs. V., æt. 40 years; been married 18 years; never conceived; catamenia easy and regular; general health, appetite and appearance good; stated that she had, sometime since, in attempting to raise a jar of milk from the floor, been suddenly attacked with an acute pain in the left leg, extending along the course of the sciatic nerve, even to the extremity of the toes.

When first attacked, an "Eclectic" practitioner was called to the case, and by the way a clever man and a gentleman. He of course pronounced her case amenable to treatment, but to his disappointment, after treating the case nearly two months, and exhausting not only his skill, but his whole *armamentarium medicum*, without the least benefit to

the patient, honestly advised her to try some other physician.

Her husband then called me to see her, stating, however, that he wished me not to take the case, unless I felt confident that I could relieve her, as he regarded her case as incurable, and, of course, did not wish to expend time and money without a prospect of benefitting her.

I examined the case carefully; found her general health good; no catamenial or discernible uterine derangement; complained of nothing, whatever, except this intolerable neuralgic pain, unaccompanied with heat, swelling or discoloration. She had been confined to bed two months. I told her and her husband that I was confident I could give her relief, thinking at the time I could readily relieve her with iron, quinine, belladonna, arsenic, counter-irritation, etc. Here I was also disappointed. I treated the case two months, exhausting everything at my command adapted to the indications, viz: The bromides, iodides, arsenic, strychnia, belladonna, hyoscyamus, iron, quinia, opium, valerian, æletris far., counter-irritation, hypodermic injections of morphia, atropia, etc., without the slightest amelioration of symptoms.

About this "juncture of the moment" I became somewhat discouraged; so did the patient and husband. Just about that time I read an article in the *REPORTER*, from the pen of Dr. Styles Kennedy (if I am not mistaken), who stated that he had treated a similar case with "iodoform et ferri," successfully.

Hence, I told her husband that I was not willing to submit the case without another trial, that if their was any virtue in "sweet oil and perseverance," I would succeed. I immediately ordered the pill, iodoform et ferri, from Wm. R. Warner & Co., in your city, and commenced giving them *two ter die*. In seven days the pain was gone, and she resumed her household duties; cooking, washing, etc., after four months' confinement to bed.

She calls them her "magic pills." She remained well until January, 1868, when the disease threatened to return; a few of the same pills, however, soon relieved her, and she is still in good health.

Iodoform is invaluable in all nervous, hysterical, neuralgic, rheumatic and cutaneous diseases.

I have written this above expressly to call the attention of the profession to *this drug*. Would like to hear the views of those who have any experimental knowledge of its therapeutic properties.

Very respectfully,

A. L. HAMILTON, M. D.

Kenton, Tenn.

Army and Navy News.

Relative Rank in the Navy.

The report of the Secretary of the Navy recently presented to Congress, contains the following on the subject of relative rank:

The subject of relative rank in the various corps of the naval service is one of much interest and some difficulty. Some of these corps are dissatisfied with their position under the law as it now stands, but there is no power in the department to change this, even should the propriety of such action be admitted by all. Rank can only be fixed by law. This subject, involving at the same time so many considerations of discipline, efficiency, and feeling, is now pressing for wise and dispassionate

legislation, having in view only the best interests of the service.

A Board composed of officers of high rank and long experience, representing equally the various personal interests involved, has been constituted by the department to consider and report some proper system for the regulation of this matter. Pending the report of this Board I desire to express no opinion on the subject-matter of their consideration. Should they be able to arrive at a proper conclusion, the result of their labors will be at once communicated to Congress for their information.

OBITUARY.

HAZARD ARNOLD POTTER, M. D.

DR. POTTER was born in Potter township, Ontario (now Gates) county, New York, December 21, 1811, and died December 3, 1869. He was graduated M. D. at Bowdoin College in 1836, and began the practice of his profession in Rhode Island, but after a residence there of a few months, returned to his native town. In 1853 he removed to Geneva, N. Y. We believe he is the only surgeon who has successfully trephined the spine. In 1845 he removed depressed portions of the arches of the fifth and sixth vertebrae; he has performed the same operation four times since—two of these cases were perfectly successful. Dr. POTTER was early convinced of the safety of operations within the abdominal cavity, and in 1845 performed gastrotomy, for the relief of intussusception of the bowels, with perfect success. He was the second person in the United States to remove ovarian tumors, and his operations with this object number between 40 and 50. Dr. POTTER is believed to have been the first surgeon who called attention to the presence of arterial or bright red blood, in the veins of the parts paralyzed by depressed fracture of the cervical vertebrae which he first observed in 1837. In these cases, he believed that if the patient lives the ganglionic or sympathetic system, after a few weeks, assumes that function of the cerebro-spinal axis which regulates the process of assimilation and nutrition. In a case of amputation at the hip-joint, reported in the *New-York Journal of Medicine and Collateral Science* (June, 1845), he introduced a method of amputation in such cases which was at that time deemed novel, and which an eminent Edinburgh Surgeon pronounced the discovery of the nineteenth century. Proceeding as if for amputation at the upper third of the femur by flaps, he extended the internal incision up to the trochanter major, and dissected out the head of the bone, by this method obtaining among other important advantages a large muscular stump for an artificial limb. Dr. POTTER during the war was a most uncompromising Union man; although having lost a leg—in his youth—he joined the 50th Regiment N. Y. Vols. as surgeon, and continued through McClellan's peninsular campaign, when his health obliged him to resign. Subsequently he responded to the call of the Surgeon-General at the battle of Gettysburg, and gave his valuable services to his country. During the last four years of his life Dr. POTTER was a prominent advocate of temperance and contributed much of his time to that cause. The immediate cause of his death was inflammation of the lungs.

EDWARD SWIFT, M. D.

At a meeting of the Easton Medical Fraternity, held November 8, 1869, the following physicians were present: Samuel Sandt, J. J. Detwiller, J. Mixsell, Stephen Lauenbach, Daniel Lachenour, C. C. Field, G. B. Slough, C. I. Roseberry, C. C. Jennings, Evan Slough, Henry D. Lachenour and Henry Detwiller.

The object of the meeting having been stated on motion of Drs. Field and Jennings, a committee of three was appointed to draft resolutions expressive of the sense of the meeting, with full power to act. The following named gentlemen were appointed said committee: Drs. Field, Jennings and D. Lachenour. In accordance with the above action the committee prepared the following resolutions:

WHEREAS, It having pleased the Almighty in His infinite wisdom to remove by death our late associate in the profession Dr. EDWARD SWIFT, therefore be it

Resolved, That in his death we recognize a loss to the members of our local profession of a zealous and devoted brother; to his patients of a kind and conscientious friend and physician, and to those connected with him by ties of consanguinity, of a relative whose intellectual, moral

and social character, entitled him to the warmest affections, and of whose professional career they might well be proud.

Resolved, That whilst we deplore the loss of our professional brother, we tender to his family our heartfelt condolence in their irreparable bereavement; and as a mark of respect that we will attend in a body the solemn ceremonial by which his body is consigned to dust.

Resolved, That in our heartfelt sorrow we tender to our fellow member, Dr. E. C. SWIFT, our warmest sympathies for the bereavement he has sustained in the loss of his father.

Resolved, That the proceedings of this meeting be published in the Easton daily papers, and in the medical journals of Philadelphia.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

EVANS—DENISE. Nov. 30th, in Franklin, Ohio, by Rev. H. W. Taylor, Dr. J. R. Evans, assistant Surgeon at the Soldiers' Home, Dayton, Ohio, and Miss Julia H. Denise.

FARROW—TRIMMER. On Wednesday evening, Oct. 20, at the residence of the bride's parents, Middle Valley, N. J., by Rev. Mr. Blauvelt, Levi Farrow, M. D., and Miss Allie Trimmer, all of German Valley, N. J.

HART—BURTON. In New York, Dec. 3, at St. Ann's Episcopal Church, by the Rev. Dr. Gallaudet, Dr. Chas. A. Hart and Virginia, daughter of the late William H. Burton.

JAMES—EVELAND. On the 2d inst., at the residence of the bride's parents, by Rev. Theo. Stevens, Dr. John E. James and Maria L. Eveland, both of this city.

KNIGHT—WHITTIER. In West Lebanon, N. H., Nov. 17th, at the Cong'l Church, by Rev. J. H. Edwards, Edwin A. Knight, M. D., of Lebanon, and Miss May C. Whittier, of White River Junction, Vt.

MCCORMICK—WOODS. Nov. 16th, by Rev. Dr. Marshall, assisted by Rev. Messrs. J. C. Boyd and S. P. Jennings, John C. McCormick, M. D., of Mount Washington, and Miss Ada M., daughter of John Woods, Esq., of Bethel, Allegheny co., Pa.

DIED.

BRIGGS. In New York, Dec. 3, Chas. A. Briggs, M. D., in the 70th year of his age.

MAYER. At Wilkesbarre, Pa., Dec. 7, Ellen McCall, daughter of the late Ralph Peters, Esq., and wife of Dr. Edward R. Mayer.

MILLER. Oct. 29, at Wickenburg, Arizona Territory, Geo. W. Miller, M. D., formerly of Philadelphia.

ROBBINS. In this city, on the 4th inst., Emily Alice, daughter of Dr. Charles W. and Emily R. Robbins, aged 3 years.

VAN ARSDALE. In New York, Dec. 8, Anne C. Hillman, wife of Henry Van Arsdale, M. D., and daughter of the late William Hillman.

METEOROLOGY.

NOV.	29.	30.	D. 1.	2.	3.	4.	5.
Wind.....	S. W.	S. W.	W.	N. E.	N. W.	S.	S. E.
	Clear	Cl'dy	Clear	Cl'dy	Clear	Cl'dy	Cl'dy
Weather. }		Sh'ry		Snow			
Depth Rain		1-10					
Thermom....	22°	28°	32°	25°	20°	16°	30°
Minimum...							
At 8, A. M.	33	49	51	34	30	22	38
At 12, M.	45	54	51	35	34	30	41
At 3, P. M.	44	55	48	35	33	31	38
Mean.....	36.	46.50	45.50	32.25	29.25	24.75	36.75
Barometer..							
At 12, M.	30.1	30.1	30.	30.1	30.1	30.1	30.1
Germantown, Pa.				B. J. LEEDOM.			